



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**MOTOR FUEL MANUFACTURER
LICENSE APPLICATION
BIODIESEL/SUBSTITUTE FUELS**

L-2191

(11/2/06)
4347

PLEASE PRINT OR TYPE ALL INFORMATION

OWNER, PARTNERSHIP, OR CORPORATE				Office Use Only	
PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P O BOX)					
STREET					
CITY COUNTY (REQUIRED) STATE ZIP					
MAILING ADDRESS (FOR ALL CORRESPONDENCE)				OPEN DATE	
IN CARE OF			TRADE NAME (DOING BUSINESS AS)		
STREET			BUSINESS PHONE NUMBER		DAYTIME PHONE
CITY COUNTY (REQUIRED) STATE ZIP			FEDERAL IDENTIFICATION NUMBER		

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TYPE OF OWNERSHIP

- ☐ SOLE PROPRIETOR (one owner) PARTNERSHIP (two or more owners, other than LLP)
- ☐ UNINCORPORATED ASSOCIATION, ENTER LEGAL NAME
- ☐ FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY)
- ☐ SOUTH CAROLINA CORPORATION DATE INCORPORATED
- ☐ OTHER (EXPLAIN)
- ☐ LLC/LLP FILING AS: CORPORATION PARTNERSHIP SINGLE MEMBER (Circle One)

NAME OF BUSINESS OWNER, GENERAL PARTNERS, OFFICERS OR MEMBERS:

SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	If Partner

FOR OFFICE USE ONLY

License Code _____ Report Code _____ Fee Amount _____ Bond Amount _____

Approved by: _____

**30 DAYS ARE REQUIRED FOR PROCESSING A LICENSE APPLICATION
IMPORTANT - THE BACK OF THE APPLICATION MUST BE COMPLETED (IF APPLICABLE) AND SIGNED**

43471010

INDICATE S C ANTICIPATED MONTHLY GALLONS

WHOLESALE	RETAIL

INDICATE ANTICIPATED MONTHLY EXPORTS IN GALLONS BELOW

LIST YOUR RETAIL OUTLETS BELOW

LOCATION	RETAIL SALES TAX NUMBER

ADDITIONAL INFORMATION

1. Do you transport your own product? ☐ Yes ☐ No If yes, please enter your Transporter License number _____
If no, who transports this product? _____
2. List the states you are licensed to do business in _____
3. List the exact locations of each place of business where applicant produces or manufactures in this state.

Social Security Privacy Act It is mandatory that you provide your social security number on this tax form. 42 U. S C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the South Carolina Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

When signing this form, it is important that the information contained in your report be correct and complete. To willfully furnish a false or fraudulent statement to the Department is a crime. Section 12-54-44(4)

Signature

Title

Date

Mail this application to SC Department of Revenue, Motor Fuel Section, Columbia, S C 29214 For Assistance call (803) 898-5751

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